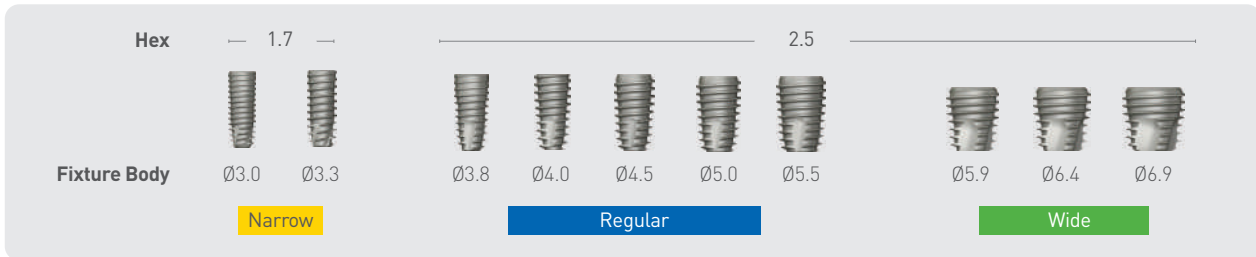


# UF II Implant Surface Treatment Feature

Hybrid Type SLA Implant

## UF II Implant



### Open Thread

By reducing the load while placing the fixture, it is possible to adjust the placement depth.

### Upper Thread

#### Taper, Thread, Initial Fixation

The straight body is applied with a taper thread which effectively disperses the load that is put on the top of the fixture. The depth of the thread becomes shallower as it goes to the top and this can lessen the friction in the cortical bone area.

### Straight Body

#### Decrement of Bone Damage

The fixture size differs by the length in the body area, and a long fixture can be placed stably like a straight-type fixture.

### Taper Body

#### Taper Guide radually

Initial penetration is easier with the tapered area in the lower part of the fixture.

### Platform Switching

The platform switching configuration enables a stable abutment connection.

### Morse Tapered Contact Connection

There is coherency and even load distribution between the fixture and the abutment.



### Cutting edge

The efficiency of self-tapping can be increased with the sharp edge.

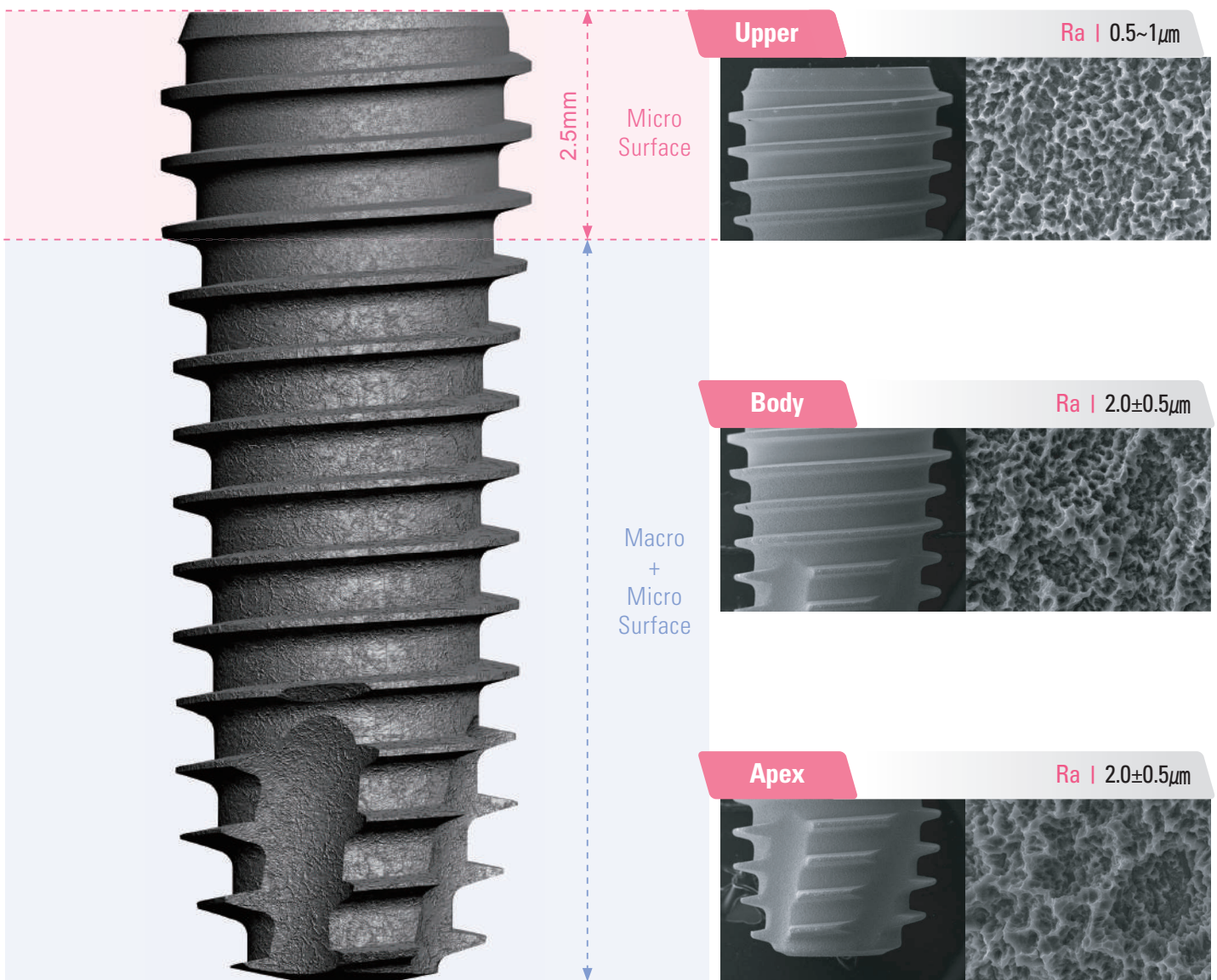
### Apex

The gradually rounded shape can decrease the tissue damage when placing this in the maxillary.

# UF II Implant Surface Treatment Feature

Hybrid Type SLA Implant

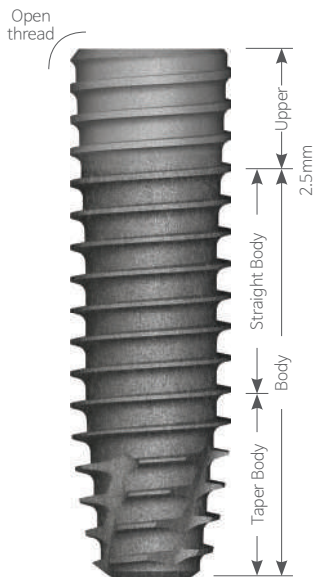
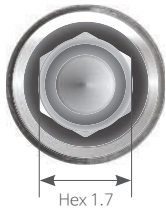
## UF II Implant Surface HSA



# UF II Specifications & Implant Size Recommendations

## 1. UF II Implant Specifications

### UF II Narrow

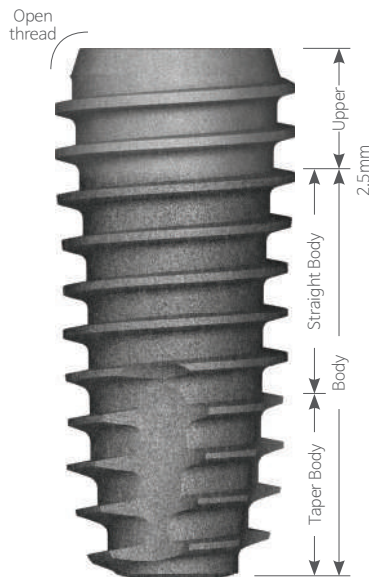
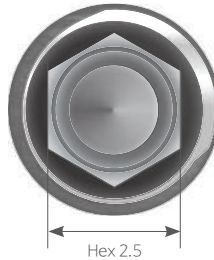


D  $\emptyset$ 3.0 |  $\emptyset$ 3.3  
L 8.5 | 10 | 11.5 | 13 | 15

HSA

UV Active

### UF II Regular

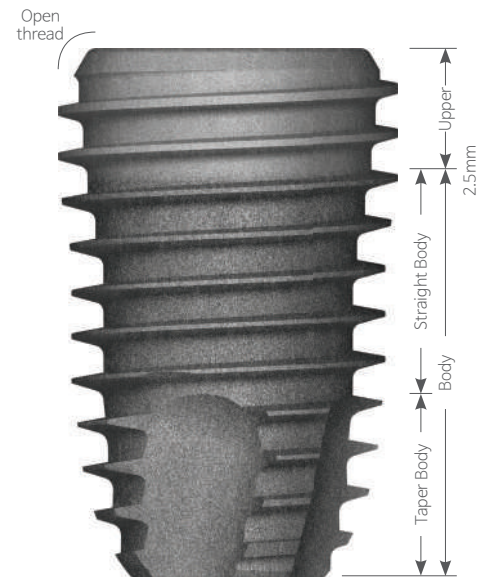
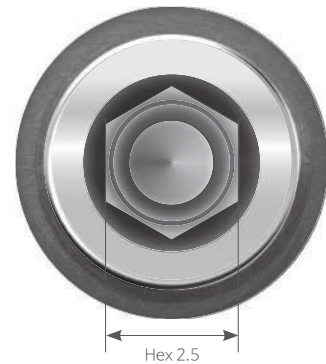


D  $\emptyset$ 3.8 |  $\emptyset$ 4.0 |  $\emptyset$ 4.5 |  $\emptyset$ 5.0 |  $\emptyset$ 5.5  
L 7(5.5) | 7 | 8.5 | 10 | 11.5 | 13

HSA

UV Active

### UF II Wide



D  $\emptyset$ 5.9 |  $\emptyset$ 6.4 |  $\emptyset$ 6.9  
L 7(5.5) | 7 | 8.5 | 10 | 11.5

HSA

UV Active

※  $\emptyset$ 6.9 not included

# UF II Specifications & Implant Size Recommendations

## 2. Implant Diameter Recommendations

Tooth Number	#1	#2	#3	#4	#5	#6	#7
Fixture Diameter	Ø3.8	Ø3.8	Ø4.5	Ø4.5	Ø4.5	Ø5.0	Ø5.0
Abut. Diameter	Ø4.5	Ø4.5	Ø4.5	Ø5.5	Ø5.5	Ø6.5	Ø6.5



Tooth Number	#1	#2	#3	#4	#5	#6	#7
Fixture Diameter	Ø3.0	Ø3.3	Ø4.0	Ø4.5	Ø5.0	Ø5.0	Ø5.0
Abut. Diameter	Ø4.0	Ø4.0	Ø4.5	Ø5.5	Ø5.5	Ø6.5	Ø6.5

### Placement after molar extraction

Fixture Diameter	Ø5.9	Ø6.4	Ø6.9
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### Insufficient vertical bone quantity

Fixture Diameter	Ø4.5	Ø5.0	Ø5.5	Ø5.9	Ø6.4	Ø6.9
Fixture Length	7mm					



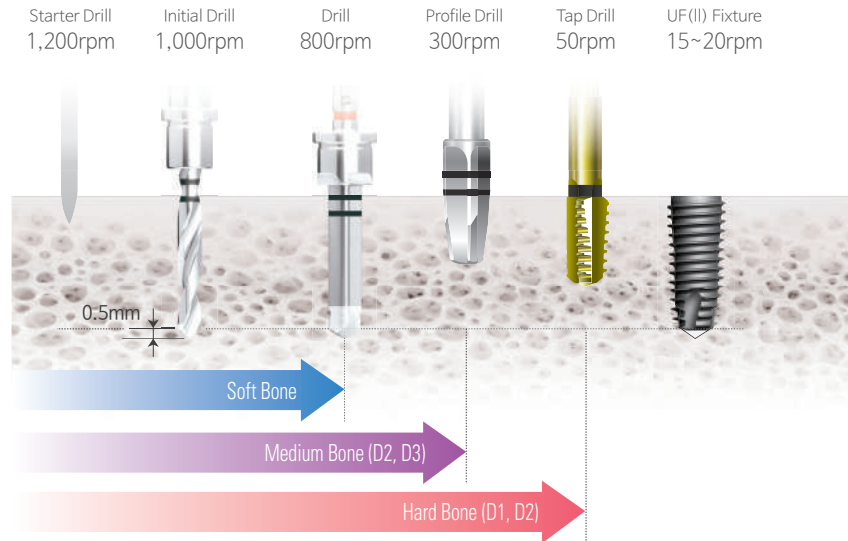
※ This chart contains recommendations only.

Actual clinical conditions and the clinician's assessment of the patient should be the main criteria for implant selection.

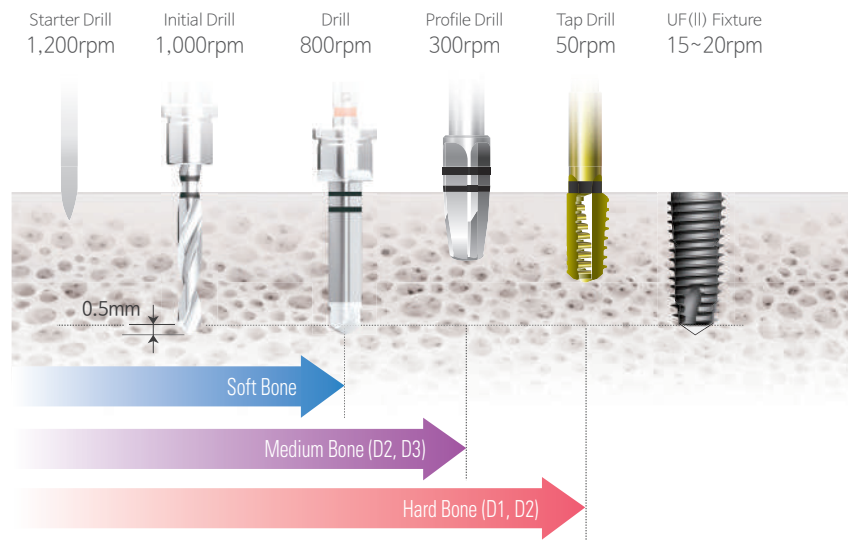
# UF II Protocols based on Various Parameters

## 1. Drilling Protocol by Bone Quality

Bone Level

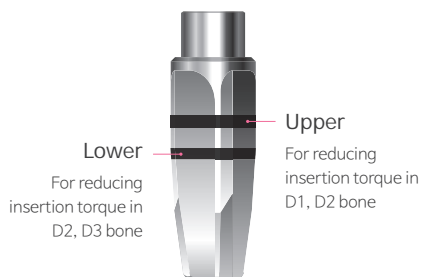


Under-drilling

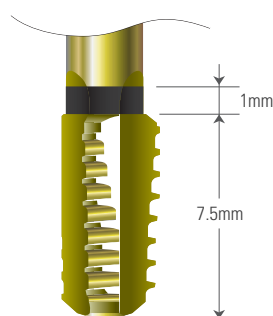


### Profile Drill

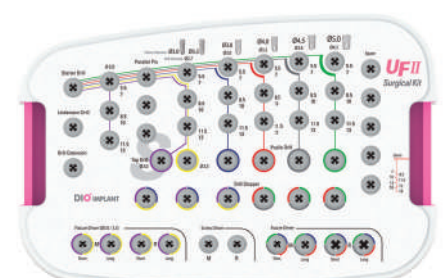
Drilling depth can influence primary stability



### Tap Drill



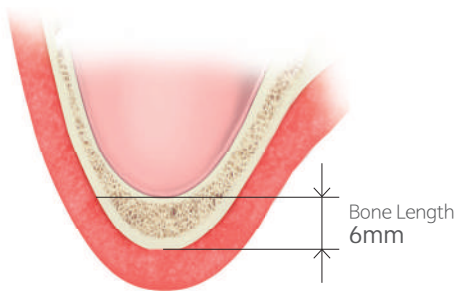
### UF II Surgical Kit



# UF II Protocols based on Various Parameters

## 2. Surgical Protocol by Implant Case

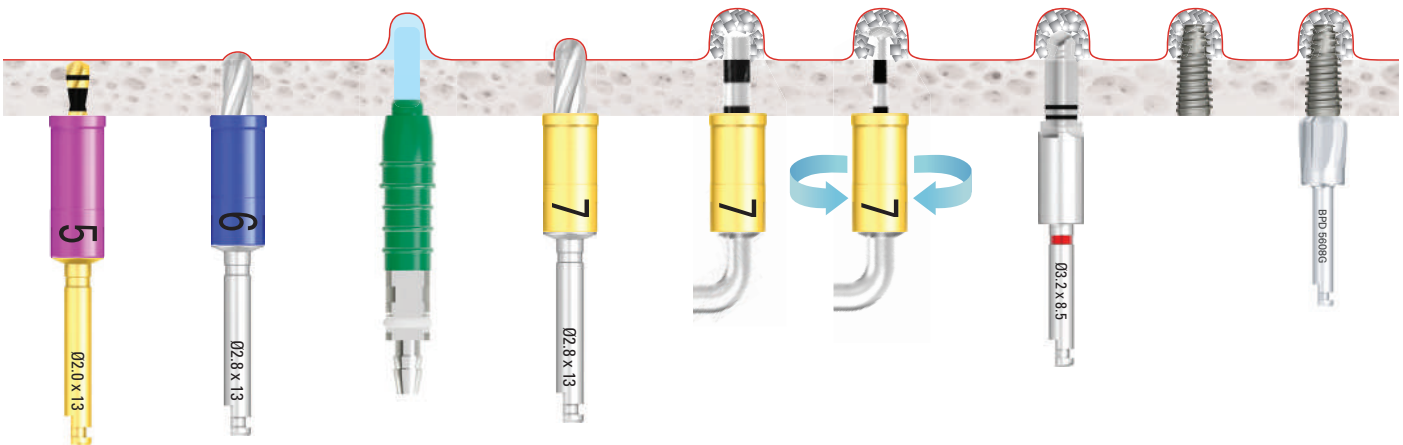
Sinus case (Crestal Approach Technic)  
Use implants larger than Ø4.0



UF(II)Sinus Master Kit

UF(II)4010 UF(II) Ø4.0 Fixture

Drill to 1-2mm Beneath Sinus Floor	Create Opening	Lift using Hydraulic Pressure	Enlarge Drill Hole	Check Hole Opening and Harvest Bone Graft	Final Drilling	Placement	Option
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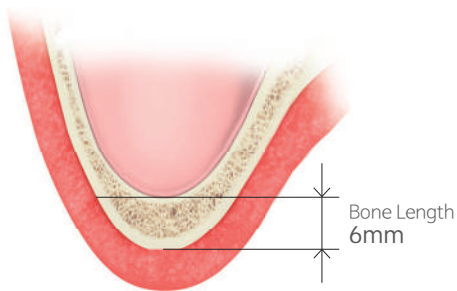
Drill 1 - 2mm below bone height	Drill in level with bone height
Without irrigation / 50rpm	Without irrigation / 50rpm

Drill shorter than implant length	Bone Profile Drill
Without irrigation / 50rpm	Without irrigation / 100 rpm

# UF II Protocols based on Various Parameters

## 2. Surgical Protocol by Implant Case

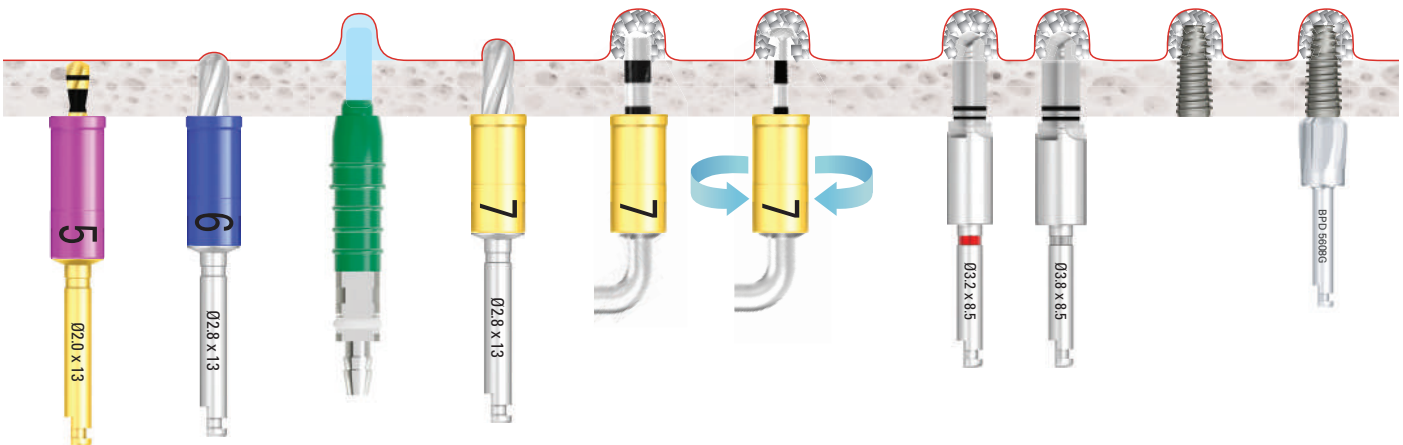
Sinus case (Crestal Approach Technic)  
Use implants larger than  $\text{Ø}4.0$



UF(II)Sinus Master Kit

UF(II)4510 UF(II)  $\text{Ø}4.5$  Fixture

Drill to 1-2mm Beneath Sinus Floor	Create Opening	Lift using Hydraulic Pressure	Enlarge Drill Hole	Check Hole Opening and Harvest Bone Graft	Final Drilling	Placement	Option
------------------------------------	----------------	-------------------------------	--------------------	---	----------------	-----------	--------

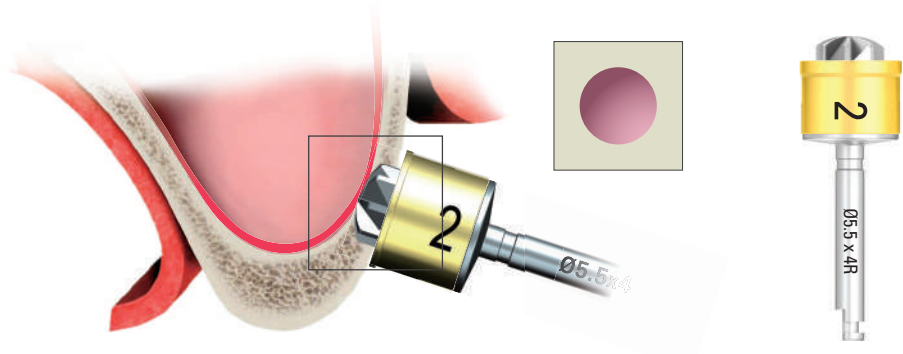


# UF II Protocols based on Various Parameters

## 3. Sinus case (Lateral Approach Technic)

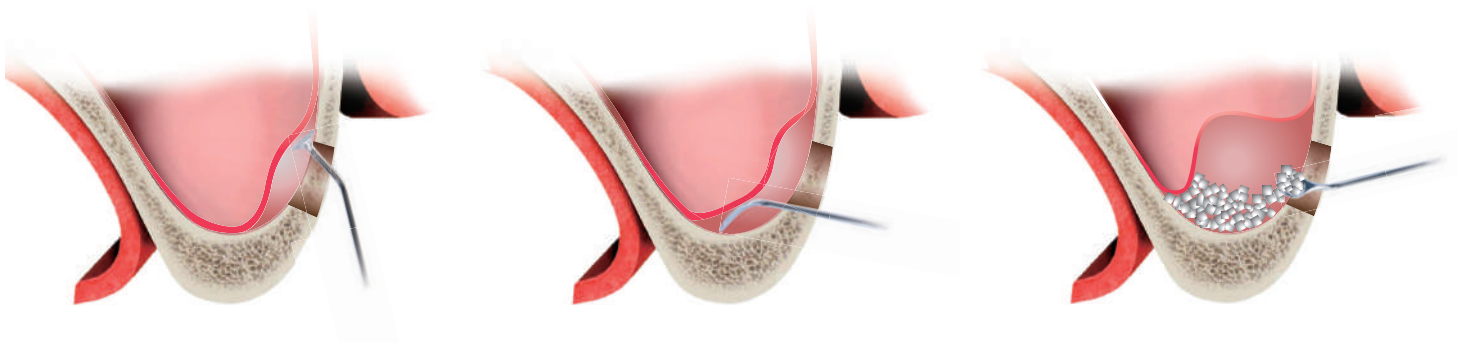
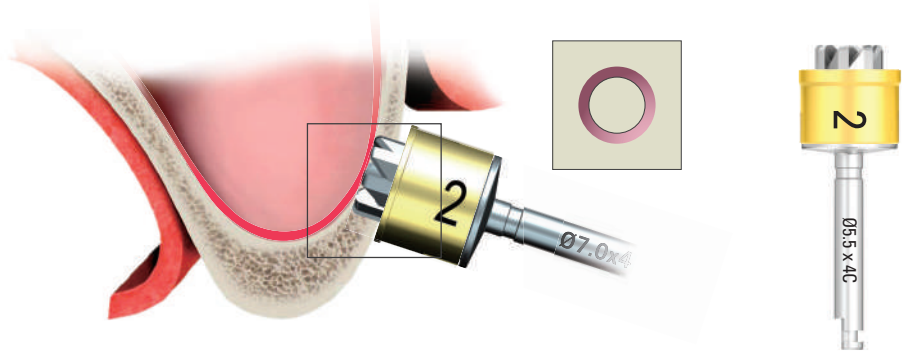
### Round Drill

1200 - 1400 RPM



### Core Drill

600 - 800 RPM



① Probe membrane

② Lift membrane

③ Harvest bone

# UF II Protocols based on Various Parameters

## 4. Extraction socket (Maxilla anterior case)

① Mark the initial position using the Starter Drill



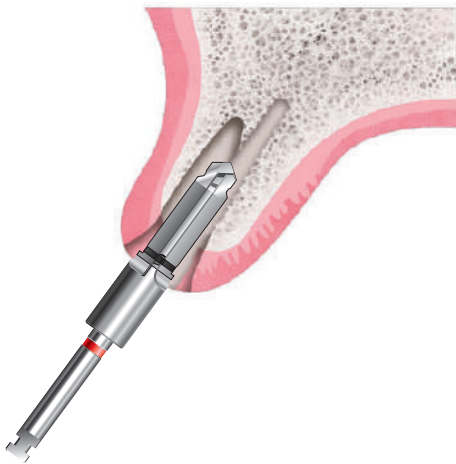
② Perform the initial drilling using the Lindemann Drill



③ Partially cancel the lingual bone using the Lindemann Drill



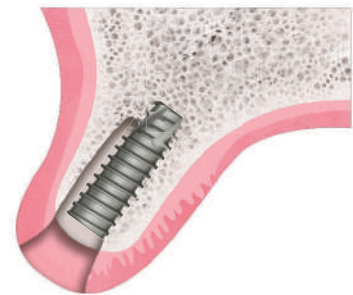
④ Drill using the Final Drill



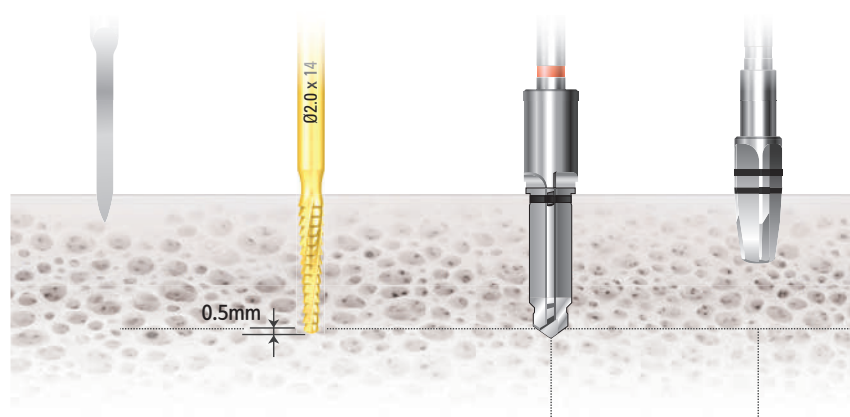
⑤ Place the implant



⑥ Placement completed



### Surgical Protocol



# UF II Protocols based on Various Parameters

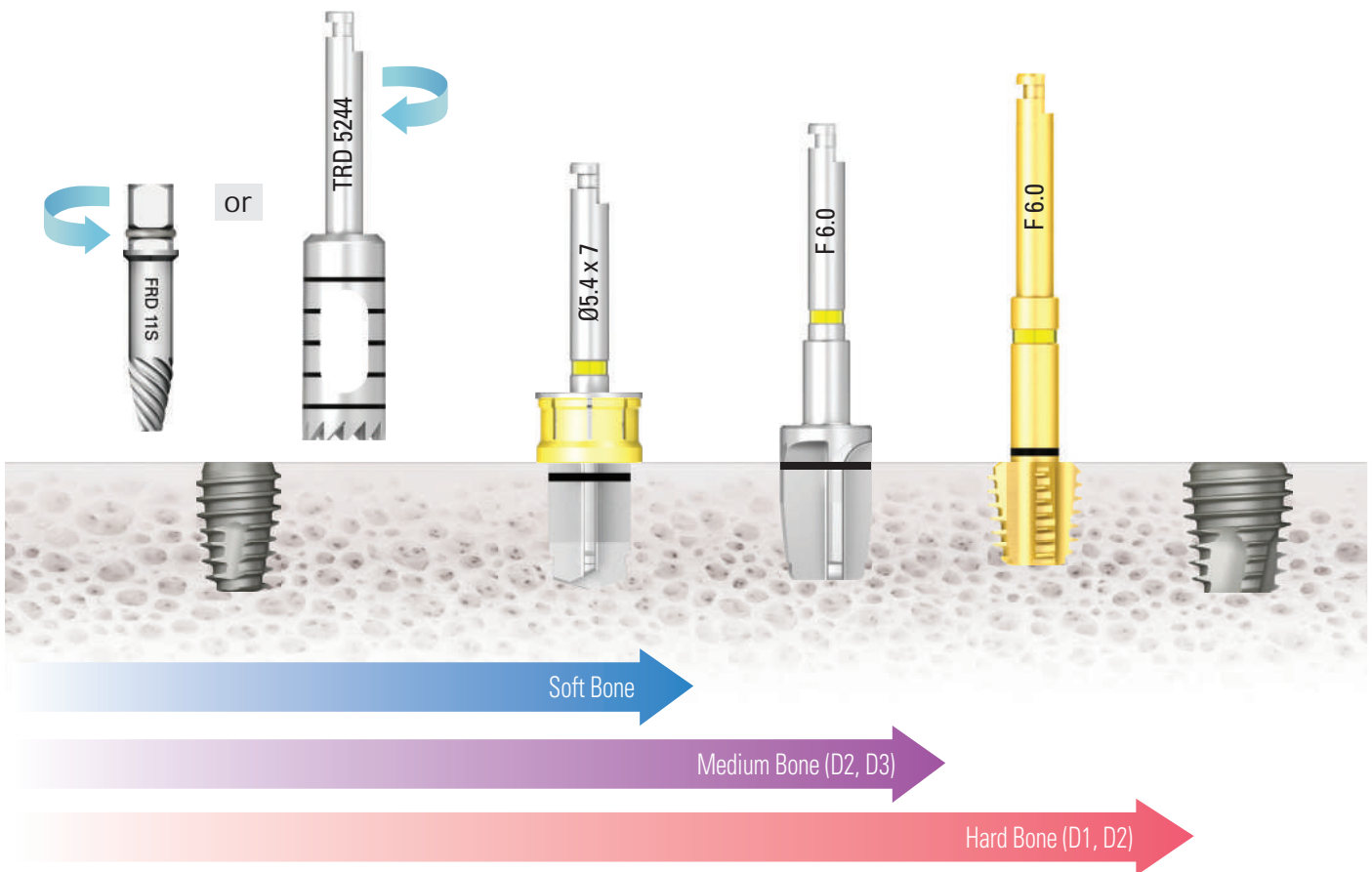
## 5. Replace failed Implant

### Fixture Removal

If the fixture removal torque is above 150Ncm, user is advised to drill to 2/3 of the fixture length using the Trepine Drill, and use the fixture removing driver for removal.

UF(II)Ø4.5 Implant → UF(II)Ø6.0 Implant

Remove Implant	Drilling	Final Drill
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Fixture Removing Driver	Final Drill _ 300 rpm	Profile Drill _ 300 rpm	Tap Drill _ 50 rpm
Trepine Drill _ 300 rpm			

# UF II Protocols based on Various Parameters

## 6. Vertical Bone Augmentation

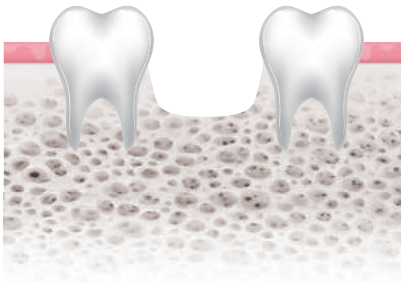
① **Indications** | Buccal bone grafting, bone grafting for treatment of peri-implantitis, implant surface exposure due to insufficient alveolar bone, bone grafting after implant surgery in extraction socket, placement in sinus with insufficient bone quantity.

② **Adopted Products** | Bone Forming Cover Screw

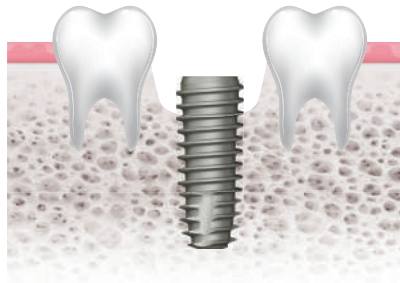
③ **Instructions**

### Vertical Bone Loss

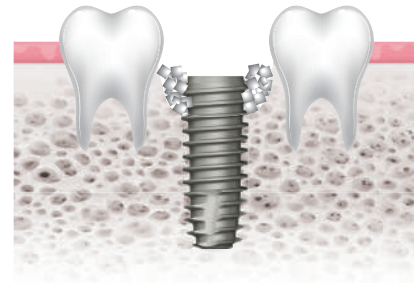
① Alveolar bone loss



② Insert the fixture in the alveolar bone loss area



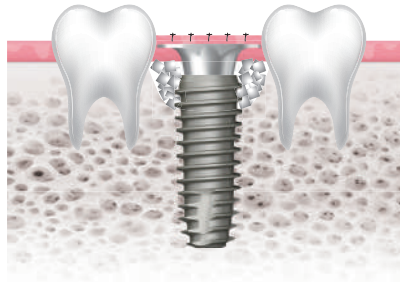
③ Insert bone graft



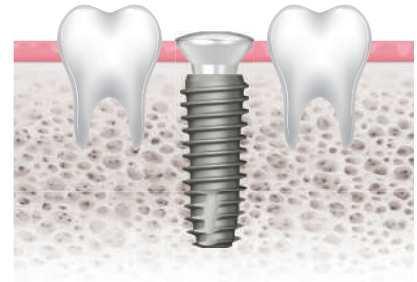
④ Temporarily attach the bone forming cover screw on the implanted fixture



⑤ Suture and close the area

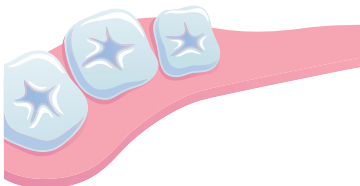


⑥ After recovery of the alveolar bone, attach the healing abutment



### Buccal Bone Loss

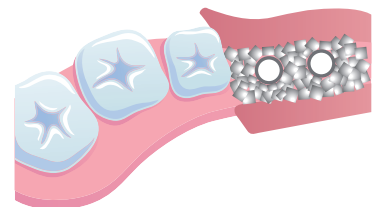
① Buccal bone loss



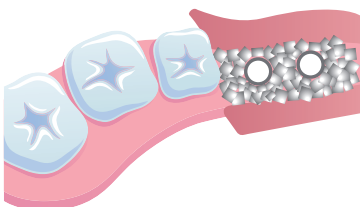
② Insert the fixture in the buccal bone loss area



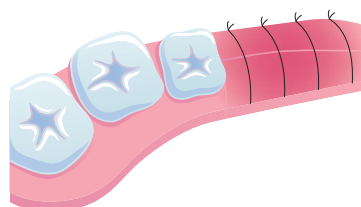
③ Insert bone graft in the resorbed area



④ Attach the bone forming cover screw



⑤ Suture and close the area



⑥ After recovery of the alveolar bone, attach the healing abutment



# Precautions for Dental Implant Procedures

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## Swelling

Apply ice or cold pack for 1-3 days to prevent or minimize swelling.

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## Bleeding

Place a gauze pack over bleeding area and bite down firmly for 2 hours or more. Swallow any saliva and blood.

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## Food intake

Do not drink from a straw. Avoid eating hot or spicy food.

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## Bathing

Avoid aggressive exercise and steam baths for at least 1 week.

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## Drinking & Smoking

Refrain from smoking and drinking alcoholic beverages for at least 1 month.

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## Regular Check-up

Visit the clinic for regular check-ups to ensure longevity of implants.